



PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

Organization Name		Event Date(s)	Organization ID Number
Mailing Address	City	ZIP Code	License Number

*Include only revenue and expenses directly related to the licensed gaming event.*

S P E C I A L  B I N G O	<b>Revenue:</b>		
	1. Admission / Bingo Cards . . . . .	_____	.00
	2. Donated Prizes (retail value) . . . . .	_____	.00
	3. Total Revenue (add lines 1 & 2) . . . . .		<div>.00</div>
	<b>Expenses:</b>		
	4. Prizes (cash, donated, purchased) . . . . .	<div></div>	.00
	5. Worker Compensation . . . . .	_____	
	6. License Fee . . . . .	_____	.00
	7. Advertising . . . . .	_____	.00
	8. Location Rental Fee . . . . .	_____	.00
	9. Equipment and Supplies. . . . .	_____	.00
10. Other Expenses . . . . .	_____	.00	
11. Total Expenses (add lines 4 - 10) . . . . .		<div>.00</div>	
<b>Net Profit / Loss</b> (subtract line 11 from line 3). . . . .			.00

C H A R I T Y  T I C K E T S  G A M E	<b>Revenue:</b>		
	12. Ticket Sales . . . . .		<div>.00</div>
	<b>Expenses:</b>		
	13. Prizes . . . . .	<div></div>	.00
	14. Ticket Purchases . . . . .	<div></div>	.00
15. Total Expenses (add lines 13 & 14) . . . . .		.00	
<b>Net Profit / Loss</b> (subtract line 15 from line 12) . . . . .			.00

O T H E R  I N F O R M A T I O N	Name of Bank(s) Where Proceeds Were Deposited		
	Account Number(s)		
	As the principal officer for the organization, I hereby certify that the information on this financial statement is true, correct, and complete to the best of my knowledge; that the proceeds from the licensed gaming event are used in accordance with Section 9 of Act 382 of the Public Acts of 1972, as amended (Act); and that the licensed gaming event was conducted in accordance with the Act and the rules and directives of the Michigan Bureau of State Lottery.		
	Signature of Principal Officer	Title	Date
	Internal Revenue Service . . . . . (877) 829-5500		
	Forms (Visit our web site at www.michigan.gov/cg.) . . . . . (517) 335-5780		
	Financial Questions . . . . . (517) 335-5790		
License Status . . . . . (517) 335-5780			
FAX (Retain the original financial statement for your records.) . . . . . (517) 267-2285			

**PLEASE MAKE A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS**

